

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10/ 820 712

FILING DATE

APPLICANT(S)

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS					
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1											
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TOTAL IND.	2		2								
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TOTAL CLAIMS	12		12								
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